

Iowa Vocational Rehabilitation Services (IVRS) Refusal of Services by Individuals Out of School

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

- ☐ You have, through your own choice, refused to participate in services including career counseling and information and referral leading to competitive integrated employment offered through IVRS.

Reason for refusal: _____

- ☐ You have, through your own choice, refused to participate in the following activities and have chosen instead to work in extended employment:

Reason for refusal: _____

You further understand that IVRS will contact you every six months for the first year following the date of this refusal and annually thereafter, to discuss employment options and the services available to assist you in finding a job. IVRS will retain copies of all documentation related to your refusal to participate.

Individual's Name

Date

Individual's Representative (if applicable)

Date

IVRS Representative

Date

IVRS USE ONLY:

Method of Transmittal

Date of Transmittal

A copy of this refusal letter must be provided to the individual and/or guardian within 10 days of the refusal.